

# **EXHIBIT B**

## **EEOC Charge**

EEOC Form 5 (11/09)

<b>CHARGE OF DISCRIMINATION</b> This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To: _____ Agency(ies) Charge No(s): <b>410-2022-07827</b> <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC	
_____ and EEOC			
State or local Agency, if any			
Name (Indicate Mr., Ms., Mrs.) <b>Ms. Jada Taylor</b>		Home Phone (Incl. Area Code) _____-6756	Date of Birth ____-____-1995
Street Address <b>Manor Court SW Atlanta, Georgia 30331</b>		City, State and ZIP Code	
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two are named, list under PARTICULARS below.)			
Name <b>Athena Health</b>		No. Employees, Members <b>200</b>	Phone No. (Incl. Area Code) <b>(207) 323-7935</b>
Street Address <b>3 Hatley Road Belfast, Maine 04915</b>		City, State and ZIP Code	
Name <b>US EEOC ATDO RECEIVED 07-22-2022</b>		No. Employees, Members	Phone No. (Incl. Area Code)
Street Address		City, State and ZIP Code	
DISCRIMINATION BASED ON (Check appropriate box(es).) <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION <input type="checkbox"/> OTHER (Specify) _____			DATE(S) DISCRIMINATION TOOK PLACE Earliest    Latest <b>01/25/2022    6/03/2022</b> <input checked="" type="checkbox"/> CONTINUING ACTION
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)). <p>I. I was hired by Athena Health on January 12, 2021, as a Complex Issue Resolution Analyst. In or about October 2021, I was diagnosed with generalized anxiety disorder and depression. At my therapist Aloha McGregor's direction, I requested medical accommodations, specifically that: (a) I would be allowed longer break periods during the day; (b) could start the workday later or end it earlier, as needed due to the effects of my anxiety and depression on my life and for medical appointments for my treatment; and (c) could schedule days off as necessary. In addition, I requested and was given intermittent FMLA medical leave related to my generalized anxiety disorder and/or depression symptoms. Athena Health approved my intermittent FMLA medical leave request on or about January 25, 2022. I took intermittent FMLA leave to related to my anxiety and depression symptoms during the period January 2022 through the end of May 2022.</p> <p>II. In early May 2022, I was diagnosed with an unrelated medical condition and needed surgery on or about May 31, 2022. Upon my return to work on June 3, 2022, Athena Health monitored my performance and stated I did not meet performance criteria and terminated me. I believe I was terminated as I took FMLA leave, and/or was disabled, or perceived as disabled.</p> <p>III. I believe that I was discriminated against based upon an actual and/or perceived disability, and for engaging in protected activity, in violation of the Americans with Disabilities Act.</p>			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY - When necessary for State or Local Agency Requirements	
I declare under penalty of perjury that the above is true and correct.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT	
Date <b>7/26/2022</b> Charging Party Signature		SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)	

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Charge Presented To:

Agency(ies) Charge No(s):

☐ FEPA☒ EEOC

and EEOC

*State or local Agency, if any*

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

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NOTARY – When necessary for State or Local Agency Requirements

I declare under penalty of perjury that the above is true and correct.

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

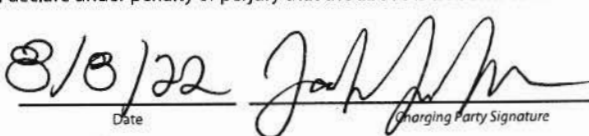
SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE  
(month, day, year)

7/20/2022  
Date

*Jack [Signature]*  
Charging Party Signature

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and EEOC			
State or local Agency, if any			
Name (Indicate Mr., Ms., Mrs.) <b>Ms. Jada Taylor</b>		Home Phone (Incl. Area Code) -6756	Date of Birth /1995
Street Address <b>Manor Court SW Atlanta, Georgia 30331</b>		EEOC RECEIVED 2022-08-09	
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two are named, list under PARTICULARS below.)			
Name <b>Athena Health</b>		No. Employees, Members 200	Phone No. (Incl. Area Code) (207) 323-7935
Street Address <b>3 Hatley Road Belfast, Maine 04915</b>			
Name		No. Employees, Members	Phone No. (Incl. Area Code)
Street Address			
DISCRIMINATION BASED ON (Check appropriate box(es).) <input checked="" type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION <input type="checkbox"/> OTHER (Specify)		DATE(S) DISCRIMINATION TOOK PLACE Earliest    Latest 01/25/2022    6/03/2022 <input checked="" type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)). <p>I. I was hired by Athena Health on January 12, 2021, as a Complex Issue Resolution Analyst. Athena Health hired six individuals for this role in or about January 2021, of which two, including myself, an African-American, were Persons of Color and the remaining four employees were Caucasian. In addition, other, subsequent groups of hiring also included significantly less Persons of Color than Caucasians among the new employees.</p> <p>II. During the following year-and-a-half neither myself or the other Person of Color were promoted, while the four Caucasian employees were promoted at least two (2) positions above those of myself and the other Person of Color. Furthermore, I was not informed of certain in-house-training, necessary for promotion, whereas the other Caucasian employees participated in this in-house-training and received promotions. In May 2022 I contacted Athena Health's Diversity and Inclusion representative and informed her I had some issues and complaints about race-based training, promotions, and opportunities at Athena Health. Approximately two (2) weeks later I was terminated.</p> <p>III. I believe that I, and that class of present and former employees who did not receive opportunities for training and/or promotion despite working a similar position, were discriminated against based upon our race in violation of Title VII.</p>			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY - When necessary for State or Local Agency Requirements	
I declare under penalty of perjury that the above is true and correct.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT	
<div style="display: flex; align-items: center;"> <div style="text-align: center; margin-right: 20px;">               Date           </div> <div style="text-align: center;">             Charging Party Signature           </div> </div>		SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)	



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I declare under penalty of perjury that the above is true and correct.

8/8/22

Date



Charging Party Signature

NOTARY – When necessary for State or Local Agency Requirements

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE  
(month, day, year)